01807.000758





IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)		
	:	Examiner: K.Y. Poon	
JEAN-JACQUES MOREAU ET AL.)		
	:	TC/Art Unit: 2624	
Application No.: 09/420,777)		
	:		
Filed: October 19, 1999)		RECEIVED
	:		
For: METHOD AND DEVICE FOR)	,	MAR 0 8 2004
PREDICTING THE QUALITY OF	:		= 1:
PRINTING PRODUCT AVAILABLE IN)		Technology Center 2600
A PRINTER AND NECESSARY	:		
FOR PRINTING A DOCUMENT)	March 2, 2004	

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT AND PETITION FOR EXTENSION OF TIME

Sir:

Applicants petition to extend the time for response to the Office Action dated October 3, 2003, to and including March 3, 2004. A check in the amount of \$420.00 for payment of the extension fee is enclosed. Please charge any additional fee required for the extension, or credit any overpayment, to Deposit Account 06-1205.

yment, to Deposit Account 06-1205.

application as follows:

03/05/2004 MHEKONEN 00000120 09420777
01 FC:1252 420.00 0P

03/05/2004 MMEKONEN 00000120 09420777 02 FC:1201 172.00 OP 03/15/2004 TACKEE 01 FC:1202 In re Application of:



Docket No. 01807.000758

JEAN-JACQUES MOREAU ET

Application No.: 09/420,777

Examiner: K.Y. Poon

Filed: October 19, 1999

TC/Art Unit: 2624

For: METHOD AND DEVICE FOR PREDICTING THE

QUALITY OF PRINTING PRODUCT

AVAILABLE IN A PRINTER AND NECESSARY

Transmitted herewith is an Amendment in the above-identified application.

FOR PRINTING A DOCUMENT

Date: March 3, 2004

COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

RECEIVED

MAR 0 8 2004

Sir:

Technology Center 2600

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 72	MINUS	** 152	0	x \$9 \$18	\$0
INDEP. CLAIMS	* 5	MINUS	***	= 2	x \$43 \$86	\$172.00
Fee for Multiple Dependent claims \$145°/\$290					Previously Paid	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$172.00	

- If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

Verified Statement claiming small entity status is enclosed, if not filed previous
--

X	A check in the amount of $$172.00$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
X	A check in the amount of \$420.00 to cover the fee for a two-month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Attorney for Applicants Lock See U- JAHNES Registration No. 38,667

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

Form #120

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